

TEXAS DEPARTMENT OF HEALTH - Bureau of Emergency Management
EMS Skills Examiner Report

Examiner Name: _____ Social Security #* or EMS ID#: _____

All information given on this application is considered public record, with exception of social security number*.

Instructions: Document and verify at least twenty (20) individual skills examinations conducted during your two (2) year examiner certification. As part of your examiner recertification requirements you must conduct a minimum of twenty (20) individual candidate skills examinations during the two (2) year certification period. (Example of minimum: tested ten (10) candidates on CPR and ten (10) candidates on traction splinting.) This report must be signed and turned in as part of your examiner recertification every two (2) years.

Skill Examined	Date of Exam	Candidates		Location (city or College)	School Number or C.E.
		#Pass	#Fail		

Examiner's Signature: _____ Date: _____

I have satisfactorily evaluated the proficiency verification session(s) of the above named examiner.

Department Designated Evaluator's Signature

Department Designated Evaluator's printed name

Evaluator's Social Security #* or EMS ID#: _____

Date: _____

*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.